

L09000035079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

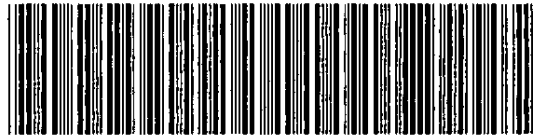
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2009 OCT -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hidden Treasures of Canaveral, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVIN Todd ERICKSON
Name of Person
Hidden Treasures of Canaveral, LLC.
Firm/Company
3023 Maybry Lane
Address
Orlando FL 32822
City/State and Zip Code
DT_ERICKSON@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVIN Todd ERICKSON at (407) 491 0608
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 OCT -5 PM 2: 25

Hidden Treasures of CANAVERAL
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8am April 10, 2009 and assigned Florida document number L 09000035079.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ EPIC SWELL Builders, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DAVIN Todd ERICKSON
3023 MAYBRY LANE
ORLANDO, FL. 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3023 MAYBRY LANE
Orlando, FL. 32822

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVIN Todd ERICKSON

New Registered Office Address:

3023 MAYBRY LANE
Enter Florida street address

Orlando, Florida 32822
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

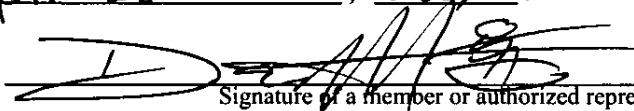
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GEORGE C. HERNANDO	400 S. CAUSEWAY COCONA BEACH, FL 32931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PURPOSE of LLC. Change
Change to Construction

Dated Sept. 28, 2009



Signature of a member or authorized representative of a member

DAVIN TODD ERICKSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA